Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>5-18-2010</u>	Address:	<u>33 EMS B60Ln</u>	
Case #:	<u>24-31532</u>		Warsaw IN	
County:	Kosciusko			
Type of La	aboratory Seizure (check one)	Seizure Location (Seizure Location (check all that apply)	
Chemic	onal Lab al/Glassware/Equipment (only) ite (only)	☐ Residence☐ Outbuilding☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) ☐ Lithium/Ammonia Reaction(s): Kitchen				
Red Phosphorous/Iodine Reaction(s):				
Flammable Solvents: <u>Kitchen</u>				
Water Reactive Metal (Lithium): <u>Bedroom</u>				
Anhydrous Ammonia:				
Hydrochloric Acid Gas Generator(s):				
Corrosive Acid: Kitchen, Bedroom				
Corrosive Base: <u>Kitchen, Bedroom</u>				
Other (item and location): Ammonium Nitrate, Kitchen				
Child under age 18 discovered (check one) ☐ Yes (number present) ☐ No *If yes, fax report to Child Protective Services		Investigative Information ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other:Informant		
This report is to be faxed to the following agencies that serve the location:				
Fire Depar	tment: Tippicanoe VFD	Fax: <u>574-</u>		
Health Dep	Department: Kosciusko County HD Fax: (574) 269-2023 Fax:			
Child Prot	ection Service:			
For further information regarding this methamphetamine laboratory, contact				

Investigating Officer: <u>Trp. Andrew Cochran Phone</u> 574-546-4900

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.